



A07-0019 10/09/02

Application Form

Pfizer - Lincoln, NE

Name of facility*

Pfizer INC

Name of parent company (if any)

601 W. Cornhuker Hwy.

Street address

Street address (continued)

Lincoln, NE 68521-3596

City/State/Zip code

Give us information about your contact person for the National Environmental Performance Track Program.

Name Mr./Mrs./Ms./Dr. Jack Coogan

Title Director, Environmental, Health and Safety

Phone 402-441-2648

Fax 402-441-2595

E-mail jack.coogan@pfizer.com

Facility/Company Website Pfizer.com

* If you are applying for multiple facilities, you must call 1-888-339-PTRK(7875)

Why do we need this information?

EPA needs background information on your facility to evaluate your application.

What do you need to do?

- ♦ Provide background information on your facility.
- ♦ Identify your environmental requirements.

Section A

Tell us about your facility.

1 What do you do or make at your facility?

Animal health pharmaceuticals and vaccines

2 List the North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

NAICS
325412 325414 _____

3 Does your company meet the Small Business Administration definition of a small business for your sector?

☐ Yes ☒ No

4 How many employees (full-time equivalents) currently work at your facility? If you checked "Yes" in question 3 and have fewer than 50 employees at your facility, then you are considered a "small facility" by the Performance Track Program.

- ☐ Fewer than 50
- ☐ 50-99
- ☐ 100-499
- ☒ 500-1,000
- ☐ More than 1,000

5 Complete the Environmental Requirements Checklist on pages 32-38 of the instructions and enclose it with your application.

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Section A, continued

Expiration Date:

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- 6 Optional: Is there anything else you would like to tell us about your facility? Do you participate in other voluntary programs at the local, tribal, State, or Federal level?

Why do we need this information?

Facilities need to have an operating Environmental Management System (EMS) that meets certain requirements.

What do you need to do?

- ♦ Confirm that your EMS meets the Performance Track requirements.
- ♦ Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

Section B

Tell us about your EMS.

Read the EMS requirements on page 9-12 of instructions.
Tell us if your EMS meets these requirements for:

- | | | |
|----|--|---|
| 1 | Environmental policy _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Planning _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Implementing and operation _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Checking and corrective action _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Management review _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Have you done a comprehensive review of all activities conducted at your facility that could impact the environment? (i.e., have you done an aspect analysis?) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors? (i.e., have you determined your significant aspects?) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | When did you last update your aspect analysis? (mo/yr) | 07/02 |
| 9 | Have you completed at least one EMS cycle (plan-do-check-act)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Did this cycle include both an EMS and a compliance audit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Have you completed an objective self-assessment or third-party assessment of your EMS? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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If yes, what method of EMS assessment did you use?

Self-assessment

☐ GEMI

☐ CEMP

☐ Other

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Third-party assessment

☐ ISO 14001 Certification

☒ Other Corporate Audit

Why do we need this information?

Facilities need to show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

What do you need to do?

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

Section C

Tell us about your past achievements and future commitments.

Part 1 You must report past achievements for at least two environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the instructions. Please quantify each of your aspects using the units listed for that aspect in the Environmental PTrack Information Hotline at 1-888-339-PTRK.

Note to small facilities: If you are a small facility, you must report past achievements for only one environmental aspect.

First achievement

1 What aspect have you selected from the Table on page 29-31?	Habitat impacts	
2 What units are you using to quantify this aspect? (See Table, page 29-31.)	acres	
	PAST	CURRENT
3 List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	0	25
4 What are the years for which you are reporting these quantities?	1999	2001
5 Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	NA	1.0
6 What is your normalizing factor based on (e.g., production, employment)?		

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<p>7 You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?</p>	<p>Restoration of 25 acres of degraded saline wetland. Construction of a pavillion for for viewing and assembly for education, 0.75 mile interpretive trail, boardwalk, nesting boxes and park benches.</p>
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Second achievement

1 What aspect have you selected from the Table on page 29-31?	Water usage	
2 What units are you using to quantify this aspect? (See Table, page 29-31.)	Gallons	
	PAST	CURRENT
3 List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	144,934,327	114,934,450
4 What are the years for which you are reporting these quantities?	1999	2001
5 Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	1.0	1.0
6 What is your normalizing factor based on (e.g., production, employment)?	Production	
7 You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?	Process changes, equipment improvements, and reuse of non-contact cooling water.	

Part 2 You must make future commitments for at least four environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the Instructions. The aspects you select for your future commitments should be related to the objectives and targets in your EMS. Where possible, they also should be identified as having a significant environmental impact in your EMS. No more than two of your aspects can be from the same environmental category. If you're not sure how your objectives and targets fit into our aspects or whether your aspects are significant, call the PTrack Information Hotline at 1-888-339-PTRK.

Once you have chosen your four environmental aspects, then fill in all the necessary information for these aspects in the tables on pages 7-10 of this form. Please quantify each of your aspects using the units listed for that aspect in the Environmental Performance Table. Each table that you must fill in corresponds to one of the environmental aspects you have chosen.

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We will assume that your performance commitments are based on a constant production or employment level. If you would like to base your commitment on changing production or employment, please fill out optional questions 6a and 6b.

Note to small facilities: If you are a small facility, you must report future commitments for only two environmental aspects.

Section C, continued

Expiration Date:

First commitment

1	What aspect have you selected from the Table on pages 29-31?	Emission of ozone-depleting gases	
2	What units are you using to quantify this aspect?	lbs	
3a	Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.		
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	389	195
5	What are the years for which you are reporting these quantities?	2001	2004
6a	(Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?		
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Equipment replacement and improvement	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	Section 608 of CAA Best achievable technology is expected and efforts must be made to reduce releases.	

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Section C, continued

Expiration Date:

Second commitment

1	What aspect have you selected from the Table on pages 29-31?	Discharges to water	
2	What units are you using to quantify this aspect?	lbs	
3a	Is this aspect considered significant in your EMS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.	Waste disposal is track via the EHS Waste Management Program. This mercury process waste is collected voluntarily.	
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	12	6
5	What are the years for which you are reporting these quantities?	2000	2003
6a	(Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?		
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Reduce the quantity of mercury-containing process waste to sewer by improved process waste collection and changes in manufacturing processes and procedures.	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	The Lincoln site does not have a mercury limit for effluent discharges. Mercury-containing process waste is not collected for the purpose of meeting regulatory thresholds.	

Section C, continued

Expiration Date:

Third commitment

1 What aspect have you selected from the Table on pages 29-31?	Emissions of sulfur dioxide	
2 What units are you using to quantify this aspect?	Tons	
3a Is this aspect considered significant in your EMS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.	Sulfur usage is tracked via our Air Program. It is reported to corporate and regulatory authorities annually.	
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	.0.233	0.117
5 What are the years for which you are reporting these quantities?	2001	2004
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?		
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Purchase of low sulfur oil	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	2.5 lbs/MMBTU (2-hour average)	

Fourth commitment

1	What aspect have you selected from the Table on pages 29-31?	Energy usage	
2	What units are you using to quantify this aspect?	KwH	
3a	Is this aspect considered significant in your EMS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.	Energy usage is tracked by the Engineering Utilities and Energy Conservation Teams. EHS reports annual usage to Corporate EHS	
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	47,156,400	43,600,000
5	What are the years for which you are reporting these quantities?	2001	2004
6a	(Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?	Production	
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Equipment and process improvements	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Why do we need this information?

Facilities need to demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

What do you need to do?

- ♦ Describe your approach to public outreach.
- ♦ List three references who are familiar with your facility.

Section D

Tell us about your public outreach and reporting.

1 How do you identify and respond to community concerns?

Long-standing positive rapport with city officials helps Lincoln maintain open dialogue with the city. In the rare instances when concerns or issues arise, the city is quick to call the site and Lincoln leadership is quick to investigate and respond, as needed, always reporting back to the city on the investigation and any actions that might have been taken in response to the inquiry. Pfizer Lincoln's overall philosophy for community outreach is based on partnership. We strive to work with the community and are always on the lookout for opportunities to enhance the partnership.

2 How do you inform community members of important matters that affect them?

Site communication through the AM News, PfizerLinc and Pfocus contribute to colleagues' knowledge of EHS community outreach, providing colleagues positive "news" that they can discuss in their personal interactions outside of work and, we hope, will enhance their role as ambassadors. In addition, our internal focus on EHS activities confirm the value the company places on EHS and, thus, gives colleagues confidence and a positive attitude for dialogue and their role as ambassadors to the community.

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3 How will you make the Performance Track Annual Performance Report available to the public?

☒ Website www.pfizer.com/ehs/

☐ Newspaper

☐ Open Houses

☒ Other

Employee briefings

Local Regulator notifications

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Section D, continued*Expiration Date:*

- 4 Are there any ongoing citizen suits against your facility? ☐ Yes ☒ No

If yes, describe briefly in the right-hand column.

- 5 List references below

	<i>Organization</i>	<i>Name</i>	<i>Phone number</i>
<i>Representative of a Community/ Citizen Group</i>	Lincoln Public Schools	Cathy Evasco	402-436-1168
<i>State/tribal/local regulator</i>	Lincoln Lancaster County Health Department	Nancy Clark	402-441-8040
<i>Other community/local reference (e.g., emergency management official or business associate)</i>	Bureau of Fire Prevention	Bill Moody	402-441-7791

Section E

Application and Participation Statement.

On behalf of Pfizer Inc - Lincoln, NE
[my facility],

I certify that

I have read and agree to the terms and conditions for Application and Participation in the National Environmental Performance Track, as specified in the *National Environmental Performance Track Program Guide* and in the *Application Instructions*;

- I have personally examined and am familiar with the information contained in this Application, including the Environmental Requirements Checklist. The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Performance Track EMS requirements, including systems to maintain compliance with all applicable Federal, State, tribal, and local environmental requirements in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Performance Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

Printed Name/Title

Mr./Mrs./Ms./Dr. Jay Cayado, Regional Vice President

Phone Number/E-mail

402-441-2737, jay.cayado@pfizer.com

Facility Name

Pfizer Inc, Lincoln

Facility Street Address

601 W. Cornhusker Hwy.

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City/State/Zip Code

Lincoln, NE 68521

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 40 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The National Environmental Performance Track is a U.S. Environmental Protection Agency program. Please direct inquiries to 1-888-339-PTRK (7875) or e-mail ptrack@indecon.com.

To submit your application:

- 1) E-mail the completed application to ptrack@indecon.com,
and
- 2) Fax the completed and signed Section E (**not** the entire application) to (617) 354-0463.

If you cannot e-mail the application, mail a hard copy of the entire completed application to:

The Performance Track Information Center
c/o Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Environmental Requirements Checklist

Use the Environmental Requirements Checklist to answer Question 5 in *Section A, Tell us about your facility*. This Checklist will help you identify the *major* Federal, State, tribal, and local environmental requirements that apply at your facility, but it is not an exhaustive list of all environmental requirements that may be applicable at your facility.

Fill in your facility information below and enclose the completed Checklist with your application.

Air Pollution Regulations

Check all that apply

- ☐ 1. National Emission Standards for Hazardous Air Pollutants (40 CFR 61)
- ☒ 2. Permits and Registration of Air Pollution Sources
- ☒ 3. General Emission Standards, Prohibitions, and Restrictions
- ☒ 4. Control of Incinerators
- ☐ 5. Process Industry Emission Standards
- ☒ 6. Control of Fuel Burning Equipment
- ☐ 7. Control of VOCs
- ☐ 8. Sampling, Testing, and Reporting

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- ☒ 9. Visible Emissions Standards
- ☐ 10. Control of Fugitive Dust
- ☐ 11. Toxic Air Pollutants Control
- ☐ 12. Vehicle Emissions Inspections and Testing

Other (you must list these if applicable)

- ☐ 13. Federal, State, tribal, or local regulations not listed above.
Nebraska equivalent requirements
- ☐ 14. ID Numbers (specify whether State or Federal).

Hazardous Waste Management Regulations

Check all that apply.

- ☐ 1. Identification and listing of hazardous waste (40 CFR 261)
 - ☒ - Characteristic waste
 - ☒ - Listed waste
- ☐ 2. Standards Applicable to Generators of Hazardous Waste (40 CFR 262)
 - ☒ - Manifesting
 - ☒ - Pre-transport requirements
 - ☒ - Record keeping/reporting
- ☐ 3. Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)
 - ☐ - Transfer facility requirements
 - ☐ - Manifest system and record-keeping
 - ☐ - Hazardous waste discharges
- ☐ 4. Standards for Owners and Operators of TSD Facilities (40 CFR 264)
 - ☐ - General facility standards
 - ☐ - Preparedness and prevention
 - ☐ - Contingency plan and emergency procedures
 - ☐ - Manifest system, record-keeping, and reporting
 - ☐ - Groundwater protection
 - ☐ - Financial requirements
 - ☐ - Use and management of containers
 - ☐ - Tanks
 - ☐ - Waste piles
 - ☐ - Land treatment
 - ☐ - Incinerators
- ☐ 5. Interim Standards for TSD Owners and Operators (40 CFR 265)
- ☐ 6. Interim Standards for Owners and Operators of New Hazardous Waste Land Disposal Facilities (40 CFR 267)
- ☐ 7. Administered Permit Program (Part B) (40 CFR 270)

Other (you must list these if applicable)

- ☐ 8. Federal, State, tribal, or local regulations not listed above
Nebraska equivalent requirements
- ☐ 9. ID Numbers (specify whether State or Federal).
NED007274699

Hazardous Materials Management

Check all that apply.

- ☐ 1. Control of Pollution by Oil and other Hazardous Substances (33 CFR 153)
- ☒ 2. Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302)
- ☒ 3. Hazardous Materials Transportation Regulations (49 CFR 172-173)
- ☒ 4. Worker Right-to-Know Regulations (29 CFR 1910.1200)
- ☒ 5. Community Right-to-Know Regulations (40 CFR 350-372)
- ☐ 6. Underground Storage Tank Regulations (40 CFR 280-282)

Other (you must list these if applicable)

- ☐ 7. Federal, State, tribal, or local regulations not listed above.
Nebraska equivalent requirements
- ☐ 8. ID Numbers (specify whether State or Federal).

Solid Waste Management

Check all that apply.

- ☐ 1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257)
- ☐ 2. Permit Requirements for Solid Waste Disposal Facilities
- ☐ 3. Installation of Systems of Refuse Disposal
- ☒ 4. Solid Waste Storage and Removal Requirements
- ☒ 5. Disposal Requirements for Special Wastes

Other (you must list these if applicable)

- ☐ 6. Federal, State, tribal, or local regulations not listed above.
Nebraska equivalent requirements
- ☐ 7. ID Numbers (specify whether State or Federal).

Water Pollution Control Requirements

Check all that apply.

- ☒ 1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112)
- ☒ 2. Designation of Hazardous Substances (40 CFR 116)
- ☒ 3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117)
- ☒ 4. NPDES Permit Requirements (40 CFR 122)
- ☒ 5. Toxic Pollutant Effluent Standards (40 CFR 129)
- ☒ 6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403)
Name of POTW Lincoln Wastewater System/Theresa Street
ID # of POTW NE0036820
- ☐ 7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414)
- ☐ 8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415)
- ☐ 9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416)
- ☒ 10. Water Quality Standards
- ☐ 11. Effluent Limitations for Direct Dischargers
- ☒ 12. Permit Monitoring/Reporting Requirements
- ☐ 13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants
- ☐ 14. Collection, Handling, and Processing of Sewage Sludge
- ☐ 15. Oil Discharge Containment, Control and Cleanup
- ☐ 16. Standards Applicable to Indirect Discharges (Pretreatment)

Other (you must list these if applicable)

- ☐ 17. Federal, State, tribal, or local regulations not listed above.
Nebraska equivalent requirements. Pharmaceutical Manufacturing Category Effluent Limitations Guidelines & Standards (40CFR 439)
- ☐ 18. ID Numbers (specify whether State or Federal).
NPDES Permit NE0132110

Drinking Water Regulations

Check all that apply.

- ☐ 1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146)
- ☐ 2. National Primary Drinking Water Standards (40 CFR 141)
- ☐ 3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141)
- ☐ 4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources
- ☐ 5. Underground Injection Control Requirements
- ☐ 6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems

Other (you must list these if applicable)

- ☐ 7. Federal, State, tribal, or local regulations not listed above.
- ☐ 8. ID Numbers (specify whether State or Federal).

Toxic Substances

Check all that apply.

- ☐ 1. Manufacture and Import of Chemicals, Record-keeping and Reporting Requirements (40 CFR 704)
- ☐ 2. Import and Export of Chemicals (40 CFR 707)
- ☐ 3. Chemical Substances Inventory Reporting Requirements (40 CFR 710)
- ☐ 4. Chemical Information Rules (40 CFR 712)
- ☐ 5. Health and Safety Data Reporting (40 CFR 716)
- ☐ 6. Pre-Manufacture Notifications (40 CFR 720)
- ☐ 7. PCB Distribution Use, Storage and Disposal (40 CFR 761)
- ☐ 8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762)
- ☐ 9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775)

Other (you must list these if applicable)

- ☐ 10. Federal, State, tribal, or local regulations not listed above.
- ☐ 11. ID Numbers (specify whether State or Federal).

Pesticide Regulations

Check all that apply.

- ☐ 1. FIFRA Pesticide Use Classification (40 CFR 162)
- ☐ 2. Procedures Storage and Disposal of Pesticides and Containers (40 CFR 165)
- ☐ 3. Certification of Pesticide Applications (40 CFR 171)
- ☐ 4. Pesticide Licensing Requirements
- ☐ 5. Labeling of Pesticides
- ☐ 6. Pesticide Sales, Permits, Records, Application and Disposal Requirements
- ☐ 7. Disposal of Pesticide Containers
- ☐ 8. Restricted Use and Prohibited Pesticides

Other (you must list these if applicable)

- ☐ 9. Federal, State, tribal, or local regulations not listed above.
- ☐ 10. ID Numbers (specify whether State or Federal).

Environmental Clean-Up, Restoration, Corrective Action

- ☐ 1. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund). Please identify and include date of Record of Decision.
- ☐ 2. RCRA Corrective Action. Please provide date of RCRA/HSWA permits that require corrective action.
- ☐ 3. Other Federal, State, tribal, or local environmental clean-up, restoration, corrective action regulations not listed above. Please include date of requirement.

Facility Name Pfizer Inc

Facility Location: Lincoln, NE